

# IRS Employment Information and Application Forms



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224

NOTICE TO APPLICANTS FOR EMPLOYMENT

COMPUTER MATCHING PROGRAM CONDUCTED BY THE TREASURY  
INSPECTOR GENERAL FOR TAX ADMINISTRATION (TIGTA)

The Treasury Inspector General for Tax Administration (TIGTA) has oversight and investigative responsibilities throughout IRS. TIGTA has maintained these responsibilities since January 18, 1999, when the Restructuring and Reform Act of 1998 transferred the powers of the IRS Chief Inspector to TIGTA.

TIGTA has authority to initiate investigations to identify IRS employees who have violated or are violating laws, rules or regulations related to the performance of their duties.

TIGTA does this in part through computer matching programs. Computer matching is the most feasible method of performing comprehensive analysis of employee, taxpayer and tax administration data because of the large number of employees, the geographical dispersion of IRS offices and the tremendous volume of computerized data that is available for analysis. TIGTA computerized matches include information from Personnel records, taxpayer accounts records, records of computerized accesses to IRS information, employee tax records and records of employee computer usage (i.e., the Internet and other research tools).

For additional information, contact your recruiter or Servicing Personnel Office.

# General Information

## Introduction

This booklet contains information and application forms needed to apply for Seasonal and Temporary vacancies.

All forms **MUST** be completed prior to reporting to the scheduled session.

### **REMINDER:**

Bring two (2) forms of identification (ID) to the scheduled session. One ID must be a valid photo ID (examples of acceptable documents are State or Federal issued photo ID or Passport.

## Additional Document Required:

I-9, Employment Eligibility Verification

<http://uscis.gov/graphics/formsfee/forms/files/i-9.pdf>



# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## GENERAL INFORMATION

1. FULL NAME (First, middle, last)

◆

2. SOCIAL SECURITY NUMBER

◆

3. PLACE OF BIRTH (Include city and state or country)

◆

4. DATE OF BIRTH (MM/DD/YYYY)

◆

5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc)

◆

◆

6. PHONE NUMBERS (Include area codes)

Day ◆

Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

☐

YES

☐

NO

If "NO" skip 7b and 7c. If "YES" go to 7b.

7b. Have you registered with the Selective Service System?

☐

YES

☐

NO

If "NO" go to 7c.

7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military?

☐

YES Provide information below

☐

NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9.	During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	Are you now under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.	During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.	Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.	YES <input type="checkbox"/>	NO <input type="checkbox"/>



# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- YES ☐ NO ☐
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES ☐ NO ☐

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

### Appointing Officer:

Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES ☐ NO ☐ Do Not Know ☐

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES ☐ NO ☐ Do Not Know ☐

# Consent For Fingerprint Check

## Part A

I hereby authorize any investigator, special agent, or other duly appointed representative of the authorized Federal agency conducting my background investigation to receive any criminal history record information pertaining to me, which may be in the files of any Federal, state or local criminal justice agency. I understand my fingerprint form may be provided to other Federal, state or local agencies in conjunction with the application process, and I consent to such disclosure.

Name (Last, first, middle initial) (Please print)

Home phone number

Social Security Number

Signature

Date

## Privacy Act Statement

The Privacy Act Statement of 1974 requires that when we ask you for information, we state our legal right to do so, why we are asking for the information, and how it will be used. We must also tell you what could happen if you do not provide it and whether your response is voluntary, required to obtain a benefit or mandatory.

Our legal right to ask for the information is 5 USC 301, and Executive Order 9397. We are asking for this information to investigate your background and determine your suitability for employment.

Disclosure of the information may be made to Federal, state and local agencies, and judicial authorities as authorized by law. Violations or potential violations of law, whether civil, criminal or regulatory in nature may be reported to appropriate agencies that have the responsibility for investigating or prosecuting such violations or are charged with enforcing or implementing such laws.

Your failure to complete the **pre-appointment/post-appointment** information on this form may mean that the required information cannot be obtained to determine your suitability and/or conduct an investigation. Without this information, a determination as to your suitability for Federal employment cannot be made and may result in you not being considered for employment; or a determination may be made that you are unsuitable for your position.

## Live Scan Screen Information

## Part B

Name (Last, First, Middle) (Please spell out complete full name. Do not use initials. If no middle name, indicate by printing "NMN")

Last name		First name		Middle name	
Social Security Number		Date of Birth (yyyy,mm,dd)		Position applying for: <input type="checkbox"/> Clerk <input type="checkbox"/> Revenue Agent <input type="checkbox"/> Data Transcriber <input type="checkbox"/> TRR/TSS <input type="checkbox"/> Tax Examiner <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Contact Representative	
Aliases (for example maiden name or other last names used)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race <input type="checkbox"/> A - Asian <input type="checkbox"/> W - White <input type="checkbox"/> B - Black <input type="checkbox"/> U - Unknown <input type="checkbox"/> I - Indian		Eye color (excluding colored contacts) <input type="checkbox"/> BLK - Black <input type="checkbox"/> HAZ - Hazel <input type="checkbox"/> BLU - Blue <input type="checkbox"/> MAR - Maroon <input type="checkbox"/> BRO - Brown <input type="checkbox"/> PNK - Pink <input type="checkbox"/> GRN - Green <input type="checkbox"/> XXX - Unknown <input type="checkbox"/> GRY - Gray		Hair color <input type="checkbox"/> BAL - Bald <input type="checkbox"/> RED - Red <input type="checkbox"/> BLK - Black <input type="checkbox"/> SDY - Sandy <input type="checkbox"/> BLN - Blond <input type="checkbox"/> WHI - White <input type="checkbox"/> BRO - Brown <input type="checkbox"/> XXX - Unknown <input type="checkbox"/> GRY - Gray	
Height (feet and inches)		Weight (pounds)		Place of Birth (State, Country)	
Resident address (street number and name; do not use P.O. Box)				Scars, Marks, Tattoos	
City		State		Zip Code	

# Security Entry and Tracking System (SETS) Activity Log

(For Personnel Office Use Only)

Name ( <i>Applicant/Employee</i> )		Reason for fingerprinting*
EOD (or date entered new position)		POD
Business Unit ( <i>i.e. AWSS, SBSE, WAGE, etc.</i> )		<input type="checkbox"/> Live Scan number _____ <input type="checkbox"/> Ink and Roll
SOI	SON	<b>* If courtesy print - please FAX servicing personnel office consent form within 24 hours</b>

## Fingerprints

## Forms

Action	Date	Entered into Live Scan or SETS ( <i>EE initials</i> )	Action	Date	Entered into SETS ( <i>EE initials</i> )
FP Taken by: EE Name _____ SOI _____ Phone number _____			Investigation package EE		
			Returned by EE		
FP Taken by Courtesy Personnel Office: EE Name _____ SOI _____ Phone number _____			Follow-up ( <i>if applicable</i> )		
BIO entered into live scan by:			Review by QR		
SETS Applicant Record Built			Investigation initiated and type of investigation		
Transmitted/Mailed					
SETS update not allowed			Return unaccept		
Returned			Resubmitted		
Resubmitted					
CCT Received			Investigation complete/ Prior Investigation		
			New investigation not required		

Date

Comments




# Consent To Disclosure of Return Information

Note: Prior to completing this Form, please be sure that you have reviewed the terms of this agreement.

This consent is valid only if the IRS designates me as unsuitable for employment AND the IRS must report its decision to the Office of Personnel Management (OPM). The IRS must report to OPM the reason for my rejection if the IRS has determined that I am not suitable for employment in any position with the Service. If the IRS' rejection of my application is based upon my prior compliance with the tax laws, this consent will permit the IRS to disclose to OPM the return information listed below. Additionally, if I choose to challenge this rejection before the Merit Systems Protection Board (MSPB), this consent will permit the IRS to disclose the return information described below to the MSPB for related proceedings.

## I. Taxpayer Information (Please type or print)

Taxpayer Name		Social Security Number (SSN)
Address		Daytime Phone
Name and address shown on last three (3) returns; indicate an N/R for a non-return year (If different from above)		
Tax Year <b>2004</b>	Name	City/State
Tax Year <b>2003</b>	Name	City/State
Tax Year <b>2002</b>	Name	City/State
Spouse's name SSN and address as shown on last (3) returns if filed jointly; indicate an N/R for a non-return year		
Tax Year <b>2004</b>	Name	Spouse's SSN (if known)
Tax Year <b>2003</b>	Name	Spouse's SSN (if known)
Tax Year <b>2002</b>	Name	Spouse's SSN (if known)

## II. Designation of Recipient

I designate that the IRS may release my personal income tax returns and return information to:

U.S. Office of Personnel Management, Investigation Service  
1900 E St., NW Room 5416  
Washington, DC 20415-4000

Merit Systems Protection Board  
1615 M St., NW  
Washington, DC 20419

## III. Authorization to Disclose

I authorize the IRS to release to my designees any returns or return information in IRS possession that provides evidence on the following:

- Whether I failed to file a Federal income tax return for any of the last three years for which filing of a return might have been required. (The "last three years" means the three tax years preceding the date on which the IRS receives this signed consent. If the filing date for the most recent required return has not yet lapsed [i.e., signed consent submitted between January 1 and April 15], then the "last three years" means the three tax years preceding the year for which returns are currently being processed and filed.)
- Whether any of the returns identified in #1 above were filed more than 45 days after the filing due date (determined with regard to any extension(s) of the time for filing).
- Whether I failed to pay any tax, penalty, or interest liability during the current or last three calendar years within 45 days of the date of which the IRS gave notice of the amount due and request for payment.
- Whether I am presently or was previously under investigation by the IRS for a possible criminal tax offense.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(INVALID UNLESS DATED AND SIGNED BY THE TAXPAYER AUTHORIZING DISCLOSURE OF TAX RETURN INFORMATION AND RECEIVED BY IRS WITHIN 60 DAYS OF THE DATE ABOVE.)

**This Box for IRS Use Only**

Has applicant filled and paid their tax returns on a timely basis for years stated in part 1?

☐ Yes ☐ No

Intelligence Interest

☐ Yes ☐ No

Remarks:

Signature of IRS Official

Date

**Requesting Office**

Location of Office (Be specific)

Full Name

Title

Date

**Privacy Act and Paperwork Reduction Act Notices**

The Service's authority for requesting this information is 5 U.S.C. § 301, and the authority for requesting your social security number is Executive Order 93-97. While providing this information is voluntary, failure to supply all or part of the information requested may result in rejection of your employment application. By providing the information herein and by signing this consent to disclose, authorize the Internal Revenue Service (IRS) to release my return information to the designated recipients. My returns and return information for the last three years will be reviewed in the evaluation of my suitability for appointment or employment with the IRS. This consent is made pursuant to 26 U.S.C. § 6103(c), which permits the release of returns and return information, which would otherwise be confidential, to my designee. This consent is considered part of my application for employment with the Service and is subject to the Privacy Act of 1974, 5 U.S.C. § 552a.

We ask for the information on this form in order to carry out the mission of the Internal Revenue Service. We need the information to process your application for employment with the Internal Revenue Service. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Generally, tax returns and return information are confidential, as required by I.R.C. § 6103.

The time needed to complete this form will vary depending upon the individual circumstances. The estimated average time is 10 minutes per response. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.